
EXECUTIVE SUMMARY

The Indiana Family and Social Services Administration (FSSA) Division of Mental Health and Addiction (DMHA) is pleased to report on its services, progress, and future plans in the 2000-2001 Biennial Report. During the biennium, the DMHA continued its mission “to ensure that Indiana citizens have access to appropriate mental health and addiction services that promote individual self-sufficiency.” Achieving this requires a partnership between a variety of stakeholders, including consumers, family members, advocates, providers, and the DMHA. A seemingly small, but very symbolic step taken during the biennium was legislatively changing the name of the DMHA to include addiction. This was done to recognize the importance of addiction consumers, providers, and services in the public system.

A primary tenet of Indiana mental health reform (P.L.40, 1994) is to actively involve consumers, family members, advocates, and persons with professional expertise at all levels of the system. A significant accomplishment toward this goal was the establishment, in April of 2001, of a consumer-led Office of Consumer and Family Affairs. The DMHA was also successful in obtaining a \$20,000 federal grant, renewable for two additional years, to assure that the mental health system is an active participant in state-level planning related to the *Olmstead* Decision of the U.S. Supreme Court. The grant was used to identify, train, and involve consumers of mental health and addiction services, and their family members, in DMHA planning and policy development activities.

In September of 1999, the Task Force on Co-occurring Mental Illness and Substance Abuse Disorders issued its final report. The topic had been identified at both the state and national level as a critical issue. The study, requested by the DMHA Advisory Council, estimated that approximately 223,000 Hoosiers have co-occurring mental illness and substance abuse disorders and that many of them are not receiving treatment.

Aided by a \$7.5 grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA), the DMHA established the Indiana Grassroots Prevention Coalitions Initiative. The grant provided seed money to 16 Indiana communities to implement new policies, practices, and programs to engage private citizens—parents, youth, and others—in developing solutions to drug problems in their own communities. A major outcome of the project will be the development of the Indiana Prevention Plan that will encourage the redirection of current prevention funding toward strategies that are scientifically based.

The DMHA actively promoted the concept of wraparound services for children by encouraging local service providers to coordinate their efforts in planning and service delivery and to pool resources to the greatest extent possible. Two Indiana programs received federal grants to facilitate this effort: The Dawn Project, serving Marion County, and the Circle Around Families (CAF), serving East Chicago, Gary, and Hammond in Lake County.

The DMHA moved ahead with the implementation of the Hoosier Assurance Plan (HAP), which allows DMHA to have greater flexibility in targeting services to specific populations. The four primary populations designated by Indiana Statute are:

- Adults with Serious Mental Illness (SMI),
- Children with Serious Emotional Disturbance (SED),
- Persons with Chronic Addiction (SA), and
- Persons with a Compulsive Gambling Disorder (GAM).

The major goal of moving away from institutional services toward community-based care was continued. Two issues addressed during the biennium were the development of appropriate community-based services to accommodate the transition of long-term state psychiatric hospital patients into the community and the reduction of the number of adults on waiting lists to enter those same hospitals. Both issues were addressed through an initiative to discharge individuals who had been in the hospital for three or more years. The community mental health centers that have gatekeeper responsibilities for these residents were provided financial incentives to develop appropriate community placements.

Research, data collection and data analysis are critical elements in planning, policy development, and service enhancement activities of the DMHA. The DMHA works with the Indiana Consortium for Mental Health Services Research (ICMHSR), the Indiana Prevention Resources Center (IPRC), the Indiana University Department of Psychiatry, and others on a wide variety of projects and studies.

Through the fall of 1999 and the spring of 2000, DMHA stakeholders gathered in a series of meetings to develop recommendations for the further implementation of the Hoosier Assurance Plan. Eight recommendations resulted which included that DMHA should continue its emphasis on expanding community-based care. The complete list of recommendations can be found in the full 2000-2001 Biennial Report online at www.in.gov/fssa/servicemental/.